

# **EXHIBIT 51**

NEWS

## Q&A with Louis Molina, the man who has just a few months to turn Rikers Island around



Photo by Lev Radin/Pacific Press/LightRocket via Getty Images



**By Matt Katz**

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*On Tuesday New York City Department of Correction Commissioner Louis Molina sat down with WNYC/Gothamist reporter Matt Katz, who covers Rikers Island, for an interview on The Brian Lehrer Show.*

Last week, the federal monitor who oversees Rikers issued a report indicating some signs of improvement under the Adams Administration, but nonetheless came to a distressing conclusion:

“The jails remain dangerous and unsafe, and the conditions are volatile. While some progress has been made in addressing staff absenteeism and the conditions at RNDC, and the Commissioner is in the process of overhauling the Department’s leadership structure, and the Trials Division is processing more disciplinary cases than ever before, the overall situation in the jails remains chaotic and incidents involving serious harm and tragic fatalities are all too frequent.”

There is some good news for the Adams administration, however. Its proposed action plan for reform at Rikers was just given a seal of approval by a federal judge. The judge delayed until at least November a determination on a federal takeover of Rikers, which Mayor Eric Adams vehemently opposes. So instead, all eyes turn to Molina, who has been given at least a few more months to stop the humanitarian crisis at the facility — even as an increasing number of stakeholders call for his power to be replaced by a federal receiver.

The transcript has been lightly edited for clarity.

**Matt Katz, reporter at WNYC/Gothamist:** Joining me now is the commissioner of the New York City department of correction Louis Molina. Commissioner Molina, good morning, we appreciate you coming on to give us an update on on Rikers.

**Louis Molina, commissioner of the New York City Department of Correction:** Good morning, Matt. Thank you for having me on.

**Katz:** A lot of the issues at Rikers stem from a staffing crisis. So I'd like to start there. Rikers has the highest ratio of staff to inmates of any big city jail in the country, but because of absences and other issues, there haven't been enough officers in some cases to help dying inmates or bring inmates to the infirmary or break up deadly assaults. As of today, commissioner are, are there currently enough staff to have enough officers in every housing unit at Rikers? In other words, are all the posts filled?

**Molina:** Yeah. I'd like to say that over 1,400 officers have returned back to work since the height of last summer when we had a significant staffing crisis at the jail, where we saw about on average 110 housing units did not have staff on posts. Where we are today compared to then is, on an average we might start off the day where maybe about 20 or so posts that are unstaffed. And what we've done is we have an emergency operations center that redeploy staff working in non-detainee facing posts to make sure that those posts are staffed with officers on the floor. We always have an officer in what's called our A-post, which observes the housing unit, but it is also important for us to have floor officers and we redeploy officers to those posts as needed.

**Katz:** So at any given time, there will be both the A and the B officer at every housing unit.

**Molina:** Yes.

**Katz:** You said that many people have come back from being out sick and, and that's been confirmed by the federal monitor. The federal monitor last week said that you've made progress in reducing the number of staff out sick. But the total headcount from what I understand is lower. So the proportion who are out sick on any given day actually increased 59% from 2020 until now. And the city comptroller has said that the proportion out sick or with line of duty absences is higher than the NYPD or FDNY. Why are there still a good proportion of officers out sick? Are these officers really sick?

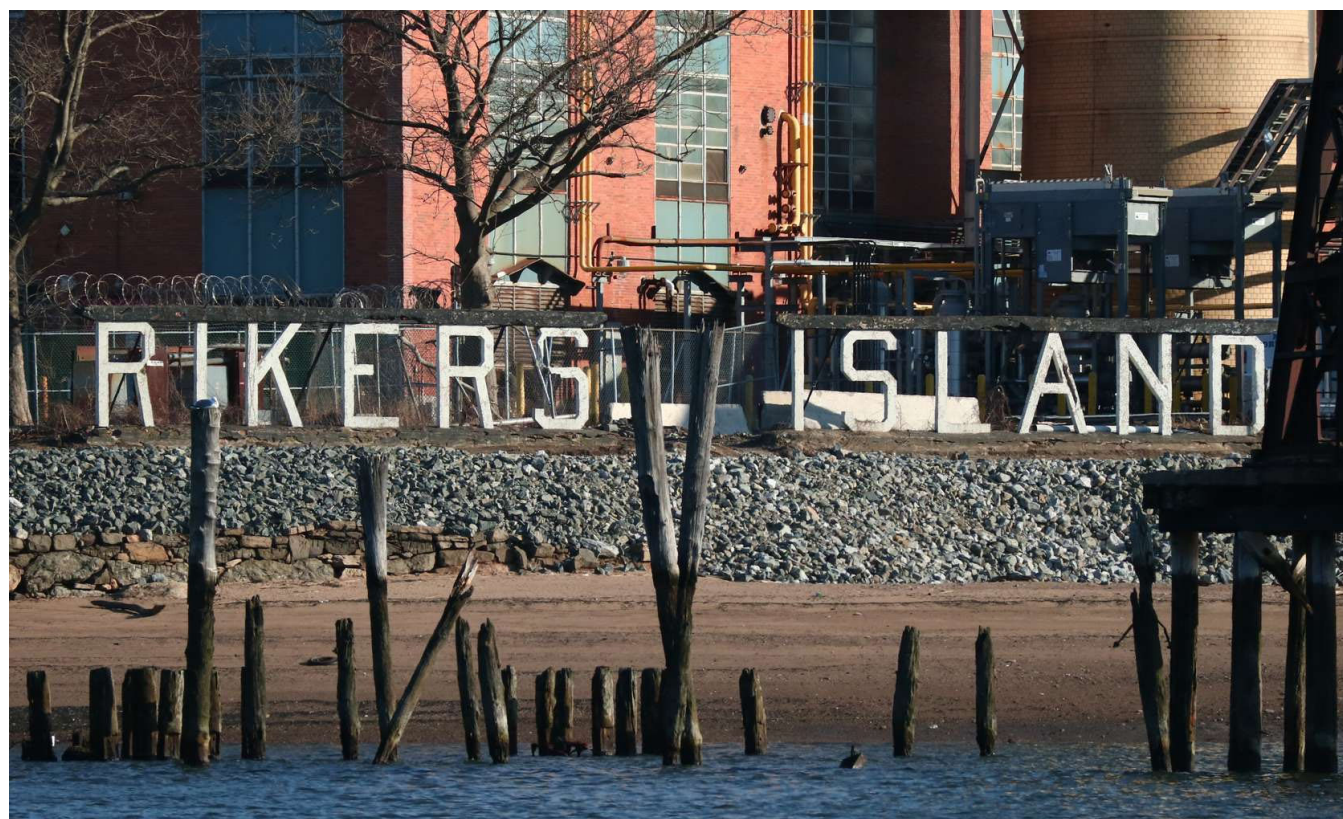
**Molina:** Yeah. So based on medical professionals and doctor's notes and things like that, or members that might have been in the line of duty that are home recuperating, there's no indication that we have that the majority of people are not sick. When we do have individuals that we identify that are not meeting our standard, or unwilling to do what we need them to do, then we have a disciplinary process. But I think that that speaks to the heart of the matter. You know, you need to have a timely and meaningful discipline process in order to have accountability, right? And that's even one of the provisions of the consent judgment [which established the federal monitor]. And for too long, we have had no accountability in this agency over the last decade, and without any accountability and enforcement of the department



policies during the time of a pandemic, a lot of these weak systems were exacerbated, which led to a significant staffing crisis in the department. We have done a lot to overcome that over the last six months — like I said, over 1,400 people that have come back to work. That has allowed us to restart up family visitation. Our contract providers are coming back in to do programming. So there's a lot of things that we're able to do now that could not have been done then, including following basic security practices for corrections. We've done a lot of work to do tactical security operations which quite frankly were abandoned over at least two years, which led to a lot of significant violence within our jail system.

Katz: I wanna go back for a moment. You said “accountability” — is that accountability for officers who aren't doing their jobs appropriately? Is that what you're referring to?

Molina: Yeah, it's an accountability for both, right? So one is in a paramilitary organization or in a uniform workforce, you have to have accountability, not only for the staff, but we'd also have to have accountability for the people that are in custody that are exerting violence on both uniform and non-uniform staff members in order to make sure that people are following the standards within our jail system. Now, I will tell you that assaults on staff have decreased calendar year-to-date over 30%. And we have also closed out over 1,450 disciplinary cases, calendar year-to-date. And we quite frankly, under Mayor Adams’ administration have actually conducted more discipline calendar year-to-date than any year going back to 2002.





A sign marks the location of the Rikers Correctional Center in the East River on March 9, 2021 in New York City.

Photo by Gary Hershorn/Getty Images

Katz: Discipline being firings, or suspensions?

Molina: So there's a number of things, right? Some discipline cases may end in someone's suspension. Some may end in the loss of vacation days. There is, on occasion, where unfortunately we have to take action and terminate someone. And we've had to have to do that as well.

Katz: Have you terminated more people than prior administrations?

Molina: Yes, we have. We have terminated more people than the last four commissioners combined.

Katz: You mentioned violence. And from what I read in the federal monitor's report, from January to April of this year, there were 189 stabbings and slashings. There were 100 during the first four months of 2021, and 48 during the first four months of 2016, which is actually when the consent judgment, which led to the federal monitor, went into place. Why are slashings and stabbings up, and are correction officers bringing weapons into the jails? Is that part of the reason why people have the ability to slash or stab another inmate or an officer?

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“ **So our violence plan is working. It is only six months into the administration and we're dealing with over a decade of neglect.**

Louis Molina, Commissioner, New York City Department of Correction

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Molina: So what I'll tell you is, like I said earlier, tactical and facility search operations for contraband weapons were not done for over two years in this department. In addition to that, there was no infrastructure investment within the department because the construction budget

was always underfunded. When the decision was made to close Rikers Island and move to a borough-based jail facility, really the infrastructure on Rikers Island was just neglected. But what I will tell you is when we instituted our violence reduction plan, what we did see was a huge drop in slashing and stabbings — in May of this year versus May of last year was a big drop of about 44%. We continue to see decreases in June. So for the month of June comparing June of this year to June of last year, we saw a decrease of 3%. We did see our biggest impact where we started our violence reduction plan rollout — the Robert N. Davoren Center, which is where we have our young adults, our most volatile population to manage. What we saw there was in April of this year, compared to April of last year, slashings and stabbings reduced 24%. In May, that reduction was 64%. And in June, that reduction was 77%. So our violence plan is working. It is only six months into the administration and we're dealing with over a decade of neglect.

**Katz:** Where are the weapons coming from?

**Molina:** Well, the majority of the weapons are being made from institutional neglect. So it could be Plexiglas windows that are being broken and shards of those windows are being used. Other infrastructure tools that are being used and being fashioned to be made as weapons as well. So that's how the weapons are being made.

**Katz:** Do COs bring in contraband like weapons and sell them to inmates?

**Molina:** Well, we have an access control procedure at every one of our facilities that everyone goes through to make sure that contraband is not being brought into the facility. What I can tell you is on the very limited occasions where we have a staff member that may be introducing prison contraband, we do take swift and immediate action. We work with our sister agency, the Department of Investigations, to make sure that these individuals are held accountable and we swiftly move to take disciplinary action that will lead to their termination.

**Katz:** We have a question from a bunch of callers. Let's go to Wayne in Brooklyn. Hi Wayne. Thanks for calling in. You're on with Commissioner Melina.

**Wayne in Brooklyn:** Hi there, hi Matt, thanks so much for taking my call. And good morning, Commissioner Melina. So as you know we're entering the heat of the summer, we know that Rikers is known to be scorching hot, which often leads to increased violence and death. And so I'm curious to know how many units that house people in solitary confinement don't have air conditioning and what steps you are taking to ensure that all units have air conditioning going



forward?

**Molina:** Thank you for your question. So first of all, we don't have anybody in solitary confinement here. We ended punitive segregation a long time ago here in this department, and I'm real proud of that. As far as air conditioning goes, our facilities are very, very old. Hence the borough-based jail plan [to close Rikers by 2027]. And we're renovating many of our facilities to include the one in Manhattan, the one in Queens and the one in Brooklyn. We have had our facilities and maintenance crews along with the assistance of the Department of Design and Construction do a lot of construction in order to enable air conditioning within our facilities. So we do have, um, facilities that have air conditioning. In addition to that, we also have fans. We also have a heat plan that's on our website that the public can view. And we will look to install more sort of cooling mechanisms as the summer comes into play.

**Katz:** But given the nature of the facilities and the age of the facilities, there will certainly be many detainees who do not have air conditioning this summer?

**Molina:** So we do a lot of temperature checks to make sure that the temperature in our facilities are at an acceptable level. And where we don't have air conditioning, we are providing ice and cold water. We have fans in those areas, but we did try to shut down a lot of places where air conditioning wasn't accessible. So for example, we recently just closed down OBCC [a jail facility on Rikers] — we didn't have any air conditioning within OBCC, it's a much older facility, but nobody is housed there right now.

**Katz:** The Risk Management and Accountability System was a plan to replace solitary confinement. It was supposed to go into place by July 1st. You had said that you weren't intending to put it into place by July 1st, but that has not happened. Solitary confinement of course is meant to punish prisoners for infractions, but it's also viewed as a human rights violation and this new system would've allowed inmates more space to walk around and it would've created some sort of representation at disciplinary hearings for them. You said earlier, there is nobody held now in what you call it solitary confinement or administrative segregation? I wanna confirm that there's nobody in such a situation at the moment, and then what the plan is moving forward with this risk management and accountability system.

**Molina:** Yes. So just to reconfirm, the department does not practice solitary confinement. We do have restrictive housing and individuals in restrictive housing get a minimum of seven hours out of cell time. And those individuals are in restrictive housing having in many cases committed a very violent act, either against another detainee or member of staff. As it relates to



the Risk Management and Accountability System, we are working with Dr. Jim Austin, who is a classification consultant with decades of experience, to ensure that as we move forward we're housing people in the most humanely way as possible, and making sure that we implement a restrictive housing plan that has sound correctional practices. We are going to still try to achieve a lot of the spirit of what was in the Risk Management and Accountability System, even though it was not approved by the monitor. So for example, we've removing the restraint desks that were part of our restrictive housing plan. We've retrofitted a lot of houses in preparation for us moving to the RMAS system. We've trained hundreds of officers at a minimum of 35 hours in RMAS training, so that's really beneficial. And we'll continue to work closely with the monitor to address issues raised in his status report and execute on our action plan. I remain committed to a restrictive housing model that creates the most humane conditions possible, while also maintaining safety and holding those who commit violence in our jails accountable.

**Katz:** Do you have a date for implementing the new system?

**Molina:** So we were prepared to do RMAS on July 1st. But as you know, that plan wasn't approved by the monitor. We do have a restrictive housing unit called ESH, so what we're doing is we're evolving ESH to align a little bit with the Risk Management and Accountability System, but we're doing it in consultation with Dr. Austin as a consultant, working with our deputy commissioner of classification and custody management.

**Katz:** Let's go back to the phone lines. Mike in Brooklyn.

**Mike in Brooklyn:** Hey, how you doing? Look, I told your [call screener], I'm not gonna talk about my experience some years ago when I was there, but this guy Molina...Guys in Rikers have cell phones. They have heroin. They have brand new sneakers every day. You reporter is asking questions but I wish he'd push. Where do you think that stuff's coming from? It's coming from his officers. You can get anything in Rikers from a C.O. — when they bother to show up for work — for a price. And Molina knows it, and [corrections officer union leader Benny] Boscio knows it too. I wish you and the New York Times would push on this.

**Katz:** I appreciate it, Mike. And commissioner, the contraband in Rikers is well known. There was a Daily News story last week about people shooting YouTube videos inside Rikers, and they're, they're doing drugs and they've got all kinds of things that you wouldn't expect someone to have in jail. There were issues with overdoses during the pandemic — and there were no visitors during that time and no mail during that time, or at least limited — so that indicated to many that the corrections officers are smuggling contraband, smuggling drugs into the facility.

many that the corrections officers are smuggling contraband, smuggling drugs into the facility. How much of an issue is that, that the workforce is somehow complicit in the violence and the disorder and the chaos at times at Rikers?

**Molina:** So what I'll tell you is, as it relates to overdose and things like that, and contraband coming in our intelligence bureau, as well as our K9 units are intercepting contraband on a daily basis. A lot of that contraband does come through the mail. When it comes to opioid use, you know nationally opioid use is on a rise, right? There were 69,000 deaths attributed to opioid overdose throughout the country. And we know that what happens in our jails reflects a lot of what's happening in the communities. So jails are not immune to this. It's a public health crisis. Like I stated earlier, we do have access control mechanisms in place. So that persons are checked before going into our facilities — both our uniform staff, our non-uniform staff, and other visitors. But on the occasion where we do have an employee, or a visitor, or anyone bringing in contraband, then what we do is we take swift action to deal with that issue.

**Katz:** So you're saying “on occasion.” I mean, this is not the bulk of the problem, it's not officers bringing stuff in and selling to inmates?

**Molina:** No, that is not the majority of the workforce that's here. Remember, for over two years, there were no correctional security practices being done in this department. So a lot of this contraband weapons and drugs that are coming in, it's something that we're addressing with our tactical search operations, increased search of persons coming into our facilities. We have in the time that I've been here recovered over 2,700 contraband weapons in our facility and over 400 contraband narcotics, whether it be paraphernalia or actual narcotics, over the last six months. So our workforce is working very hard to stabilize this department. And I could tell you that the majority of the workforce, despite the pandemic, and lack of an organizational health strategy by the prior administration, has come here to provide services for not only a very vulnerable population, but a very volatile population.

**Katz:** I'd like to place some tape from a board of correction meeting last month. This is the board that oversees Rikers and board member Bobby Cohen, who's a medical doctor, recently visited the EMTC intake area at Rikers. And he described the scene in the pens where people are held when they first arrive. Let's listen.

**Cohen:** It's hard to say this, because I've been to a lot of jails and made many, many visits, but it was really frightening, EMTC. The admission area, the intake facility, the receiving room, was packed with screaming people, more than a hundred people, some had been there for many

days. Usually when one goes to a housing area, people ask you for help, and occasionally you can help someone. But the mass of people — the volume of people who were not getting their medicine, not getting to court, not being able to urinate in a bathroom because there was no functioning bathroom in two of the places, having to urinate on the floor, not getting clothing...

Katz: Commissioner, urinating on the floor, men screaming. I mean, this is from an eyewitness. What what's going on at intake?

Molina: So our, our centralized intake facility is EMTC, who's what she's referring to. And on every given day, there is a lot of significant movement that goes on in EMTC. It is not only a new admission facility, but those new persons that are coming in from the court, maybe turning around real quickly to go back out to court to have their case dealt with, in addition to people being transferred to other facilities to be housed. It's also the preferred facility to use so that we can be in compliance with CDC recommendations to make sure if we do find ourselves with another variant related to COVID, it's the best place where we can quarantine individuals for 10 days so that we don't have an outbreak. I've toured the intake facility on a number of occasions. The mayor has also toured the intake facility. It is a very chaotic place. And it's a very fluid environment. You can stop by at any point in time and something. Sometimes it's very, very busy in there other days. Other days it's very, very quiet. It kind of depends on the day. We have a lot of individuals that are coming into our custody who have a lot of preexisting health conditions. Some of that is physical; some of that is mental illness. So you're gonna see a level of, I would say, controlled chaos in our intake facilities in order to manage these individuals through our system.

Katz: Is there anything in your action plan that will, that can, decrease the disorder at the intake?

Molina: So I wouldn't, I wouldn't describe it as a disorder. I think our action plan, what it represents is really an action-oriented roadmap, right? So it's really addressing four foundational issues that will help improve our operations: It addresses improving our security practices, it addresses improving management and deployment of our staff, it improves the process of making sure that we have staff that's held accountable in a timely fashion, and really improves the supervision of our line staff and our facility leadership. And that's what the action plan is really holistically trying to move forward within the department. And we've begun many of those action-oriented steps when we took over, when this administration took over, in January.

Katz: So theoretically in a couple of months, the board of correction member goes back to

...and so theoretically, in a couple of months, the board of correction members goes back to intake and at EMDC and witnesses a more stable situation?

**Molina:** Yeah, board of corrections members have the authority to come in here whenever they want to see the facility. I'd like to remind people that for over two years, nobody came here. The only individuals that came here were our uniform and non-uniform programmatic staff to provide services to this population where everybody else was home. We're managing and rightsizing the system that has been neglected, at minimum, for over a decade. And this administration is taking action on these issues to stabilize and reform and evolve this department, because the people that work here and the people that are placed in our custody here deserve better, and they should have gotten better years ago, and they didn't. But we're on a pathway to making that better.

**Katz:** You mentioned that many of the people who arrive at Rikers are dealing with illness and you keep track of how many inmates miss medical appointments each month. There are thousands according to DOC data and often it's because officers just don't take them to the infirmary: 11,789 missed appointments in April. There's been a suit from the Legal Aid Society. A judge found the department in contempt of court for failing to follow an order to provide proper medical care. Why are so many medical appointments missed, commissioner?

**Molina:** So I'll just put it into context for the audience. Calendar year to date, we have had over 180,000 medical appointments scheduled by our healthcare partner Correctional Health Services. And consider that for a population on average, in our custody, of about 5,600 people. So just like in the community, people have the choice to reschedule or cancel doctor's appointments, but we must also understand that there is a myriad number of reasons why a person in custody might miss a medical appointment — 70% of the medical appointments that are missed are the result of the people in custody refusing to go. And they could refuse to go for a number of reasons — they might have a court date that same day, they may have a family visit that they don't want to miss, they may be participating in some educational programming or workforce development programming, or they may simply no longer want to see a doctor. So I can tell you we've made huge improvements in medical production. This month of June alone, we only had four missed medical appointments where staff wasn't available to bring someone. And there's a whole host of reasons of why that may occur. We may have a security situation that we're dealing with, so staff is addressing that issue. So there's a lot that comes up in the different facilities that we have to make sure that the patients are going to their medical appointments.

**Katz:** But you're saying that most medical appointments are missed because detainees



Katz: But you're saying that most medical appointments are missed because detainees themselves chooses not to go or, or has another appointment?

Molina: That is correct.

Katz: I'd love to go back to the callers. Let's try Nathan in Manhattan.

Nathan: I visited a prison upstate as part of a television crew and I asked one of the guards whether he knew anything about multi-generational recidivism and he laughed, because he had a woman there in the prison who had actually been born there. So he housed her mother and her daughter. And I was wondering if you had any comment on multi-generational recidivism, and maybe the limits of paramilitary organizations to actually punish people or rehabilitate people. Like how, how do you actually help the prisoners?

Molina: Thank you, Nathan, for your question. And I can tell you, I have seen, and one of the saddest things I've seen, is really multi-generational recidivism. I remember meeting a young man in another jurisdiction where I was managing, where his grandfather and his biological father had served time. And this young man was in his early 20s and he was in our custody. So I always say, if we want to save the future generation, and we want to break this cycle of recidivism or multi-generational incarceration, then we have to treat and help the generation of today. And that's how you sort of break this cycle of multi-generational incarceration that we see. It's high especially amongst poor communities, communities of color. You know we here at the jail, we have a lot of extensive programming that we provide the vulnerable population. We work with our faith-based partners, our partners in the Department of Education. We have strategic partnerships with Exodus Transitional Community who help us with our credible messengers in order to deal with helping individuals respond to incidents of conflict in a nonviolent way. We work with Fedcap to make sure that we align those that we're releasing early with a case manager so that they can navigate their reentry process and not recidivate again. So we're doing a number of things in order to reduce people people returning to the justice system. But we are not the only system that needs to address this issue. Nationally, we have lost a large number of psychiatric treatment facilities. That has been significantly reduced over the decades. And as we increase that capacity, not only can that be a prevention measure, but also an alternative to incarceration because the justice system shouldn't be treating these individuals. They need a public health solution to address this issue.

Katz: Before I let you go, commissioner, let's go to Deray in Harlem. Hi there, Deray.

**Deray in Harlem:** I'm calling commissioner because on the program a little bit earlier you said that there were eight deaths, and it seems like you are not counting the death of Antonio Bradley, who did die in DOC custody. And we were told that this is a death that you all did not report, but he was in DOC custody when he died by suicide. And we had been also told that there was no investigation, that there's been no accountability for who did not supervise him or do the required walks to make sure that that didn't happen. So I would love to know why you said there were only eight deaths instead of the nine that had been widely reported.

**Katz:** I might have said eight deaths and that's because I believe, and the commissioner could correct me, eight people died while at Rikers. I believe the individual you're speaking of died while in a holding cell at a court. But commissioner, can you clarify, and give us a sense of why there have been eight or nine deaths so far this year in these facilities?

**Molina:** Sure. So I acknowledge persons that were in our custody, whether they were compassionately released or still in our custody, when they pass away. So it's not like I don't acknowledge those situations. But there is a reporting criteria for how jails in the state of New York report in-custody deaths. So that reporting process there is eight, but I acknowledge the ninth gentleman that passed away, even though he was compassionately released this situation happened while he was in our custody. And in that situation our officers did respond quickly. They actually brought the gentleman back and got him to hospital care and we utilized compassionate release so that it's easier for the families while the person is in hospital care to be able to visit with their loved one. And hopefully in most cases, they would be able to come back and be healthy, but in this gentleman's case that was not the case. These are under investigation by the Attorney General's office, as well as the Bronx DA's office, so I can't go into specifics of those investigations, but we also conduct internal investigations to see how we could have performed better. We are shifting to becoming a learning organization to be able to do that.

**Katz:** Since we were talking about these deaths, the board of correction did find that there were three deaths this year that involved situations where the detainees were in medical distress, but either there were no officers there to help them, or they weren't cleared to interact with inmates. One man was sick for days, vomiting, defecating on himself, but C.O.s did not bring him to medical appointments. That's according to the Board of Correction. Another wasn't resuscitated by two correction officers assigned to his unit — one of whom wasn't even medically clear to interact with inmates. And then a third died after choking on an orange — he was brought to the medical clinic by other incarcerated people because officers didn't help. How big of an issue is officers at Rikers who are not cleared to actually interact with the detainees and help them if

they're literally dying, and then just preventable deaths, there being staffing issues that lead to actual deaths — at least three we know of this year, according to the board of correction. Can you characterize, from your perspective, how big of a problem this is?

**Molina:** From my perspective, I must first acknowledge that any death in custody is tragic, right? No matter the cause. And my heart always goes out to the families who have suffered the loss of a loved one who has died behind bars — whether that's through a preexisting health condition that somebody is coming into our system with, whether that's addiction to substance abuse that's driving a lot of their physical health failures, or some other sort of mental distress. We have had significant staff come back to work. We are not where we were last year. I know what it's like to have a family member and a loved one that's incarcerated. I know what that feeling of hopelessness feels like. So, you know, I didn't come to this job with any blinders on, I knew what the challenges that I was faced with coming here as a commissioner, but I knew that in Mayor Adams, who's a very action-oriented mayor, is trying to solve what he has described as all of these rivers of failures that have existed for a generation feeding the sea of violence.

So we are rightsizing the agency, the agency is reforming, the agency is evolving, we're working with our federal monitor. But we have to have strategic partners in this. And I talked about some of our strategic partners in Exodus and Fedcap being our two main partners that are helping us do this work here. But, you know, there are other institutions within the city and that's why the mayor created an executive order to make sure that all of these other departments can help leverage their resources to address a lot of the issues that have been ignored here over the decade. At the Department of Correction, we have more than just shared interest when it comes to criminal justice reform. We need to be allies in this work. And that executive order is what makes it more codifying in our allyship in making us turn the Department of Correction around.

**Katz:** Commissioner Molina, what happens at Rikers is of great concern to so many people, so we really appreciate you taking the time to come and talk to us about what you're dealing with and what the work that you say that you're doing to reform the situation over there. Thanks a lot for coming on WNYC.

**Molina:** Thank you for the opportunity.

*This story has been updated to correctly attribute a quote to host Matt Katz.*

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## Matt Katz

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